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A Dissertation on
Measles;
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A specimen of
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for the year of
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of the year

An Inaugural Dissertation &c.

There is no subject which more perplexes the medical student at the closing period of his studies than the choice of a proper topic for his inaugural thesis. Feeling a laudable wish to enter on the business of his profession with respectability, if not with some degree of reputation, he is anxious to introduce into his inaugural essay something, the novelty of which may prove, an active and original intellect. He is averse to travelling the same dull road of common observation and detail which has been trod by thousands before him, without pointing out some object of interest and importance unnoticed by his predecessors. He would enliven the description of morbid symptoms with the fanciful ornaments of rhetoric, and steal from the palace of imagination some beautiful illustrations of his subject, but the
utmost

utmost simplicity of language is the best vehicle for medical truth, and it were a monstrous incongruity to combine the refinements of poetic fiction, with the humble and severe account of practical directions. Besides, the years of medical pupillage are not devoted to the framing of beautiful theories, or the performance of such series of experiments as may tend to the development of new and interesting discoveries; the medical student, however diligently he may have applied himself to study, can do little more than lay a foundation of solid principles on which he may erect his future usefulness and fame; and all that can be reasonably expected in his inaugural dissertation is, that he should give sufficient proof that he has remembered what he has heard and read.

The author of the ensuing pages has nothing new to offer his reader. The greater part of his medical knowledge he owes to lectures

lectures and to books, and to these he must be indebted for the materials of this essay. He has chosen his subject, not because it presented any peculiar advantages, but because it will answer his purpose as well as any other, and to compensate his reader for the tedium of going over ground with which he must be so well acquainted, the journey shall be rendered as short as possible.

The object of the following sheets is to give a succinct account of measles.

Cullen defines this disease to be, a contagious synocha, accompanied by sneezing, a flux of the lachrymal humours, and a hoarse, dry cough. On the fourth day, or a little later, small red specks appear on the body, which hardly rise above its surface, and which at the end of three days go off in brown like scales. This, on the whole is a good definition; what is defective in it will be noticed in the course of our remarks.

Of this

*Irregular mearles not
deft from Scarlet & Angin.*

Of this affection, as of the greater number of diseases to which the human body is liable, several varieties have been pointed out. To enumerate these were an unnecessary task, as there can be little difficulty in deciding on the treatment proper for each particular case, when the general method of cure is known. Measles have been divided into the regular and irregular forms of the disease, but I believe it will be found that on a careful inspection of the symptoms which are said to characterize irregular measles, there can be little foundation for the opinion that this affection is at all different from the *Scarlatina Anginosa*.

In treating our subjects we shall begin with the general symptoms of Measles, and afterwards distinguish the diagnostic and prognostic signs.

About the eleventh day after having been exposed to the cause of the disease, the patient is attacked by frequent chills, succeeded by heat.

The disease

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

The disease according to J. of J. Barton, is seldom if ever, ushered in by a febrile chill. From the beginning the patient is troubled with a dry, hoarse cough, and complains of heaviness of the head and eyes. Pains of the loins, flushing of the face, and difficult respiration are almost always attendant, together with a thick discharge from the eyes and nose as in coryza. There is sometimes a discharge of blood from the nose, the patient complains of thirst, and is often affected by nausea, and sometimes vomits. The matter thrown up is generally of a bilious nature. The tongue is usually white and moist. A great disposition to sleep almost always attends the eruption, fever of measles, and delirium not unfrequently. The skin is usually dry, and the pulse quick and tense. The eyes are horned, inflamed and watery.

Towards the end of the second, or beginning of the third day, and here Cullen's definition is (defective) the eruption marks its appearance. It usually begins on the face in small red points

which have been compared to flea bites, and extends from the face over the rest of the body. The eruption is thicker in some places than in others forming clusters or blotches. In a day or two the eruptive spots assume a brownish hue, and about the eighth day from the commencement of the complaint generally disappear, leaving a whiteish appearance over the body, occasioned by the death of the scarf skin. This last process is termed desquamation; it commonly begins on the face with an itching.

After the appearance of the eruption is very mild cases the febrile symptoms suffer a considerable remission; but in general the fever does not go off till the period of desquamation and if it continues beyond this, so is sometimes the case, the cough seldom fails to keep pace with it. Blood drawn at any period of the disease exhibits the inflammatory crust.

Diagnostic signs. It easily has been confounded with several other complaints, and with



more more frequently than *Saccharina*. It may
be distinguished by the following
characters. The one is considerably smaller
in the one corner as in the other, but there is
always less of it in *Saccharina* than in *Monstrea*.
In the latter species the angles are a little
above the surface of the shell. In *Saccharina* they are
below it. The latter is never observed in
Saccharina. The position in *Saccharina* is more lateral
than in the other. An internal to the *Saccharina* remarks
that when we are meeting of pointed *Monstrea*,
we may be sure that the latter is *Saccharina*,
of *Saccharina*. *Monstrea* is seldomly *Saccharina*, *Saccharina*
is generally.

Perhaps the best diagnostic sign of the
red and white appearance of the *Saccharina*,
which is much more common in *Saccharina* than
in other forms, will assist in testing such a
correct diagnosis. The color is brown and pale
line and can hardly be mistaken for the *Saccharina*
more colored of *Saccharina*. The appearance of the *Saccharina*
line.

time noticed at once the nature of the affection, and as the symptoms which precede it are such as are common to the majority of phlogistic diseases, there can be little danger of error in their treatment.

Prognostic signs. The favourable symptoms are a moist skin while the eruption is coming out; copious expectoration after a dry cough; a sweating which however must not be continued, occurring after a full eruption; an early and free acquiescence, leaving the patient peacefully in that state; a mild disposition; a moist skin, and a decline in the decline of the disease, and a pulse not very tense.

The unfavourable signs are, a pulse very hard and frequent, laborious breathing, a hot, parched skin, severe pain in the back preceding the eruption, the eruption remaining red longer than usual, or appearing a livid or black stain, the cough and fever remaining after the period of tranquillity; the return of coma after the eruption; Delirium

reluctance, spasms of the limbs, profuse sweats,
subcellular tenderness.

Of the treatment of Measles. It is a
very good testimony to the influence and
influence of the disease as it is to be supposed
that our first and most important remedy is
sweating. great disputes have arisen whether it
ought to be employed in the commencement of the
complaint, but experience has proved that it is
equally efficacious in all the stages of the disease
though in the case of severe symptoms
of some after the eruption, bleeding may be
required till then we may frequently resort to
in Measles as profusely, according to the
Charlton, as in common pneumonia. The state
of the pulse and general condition of the pa-
tient's constitution will usually give us correct
indications of the propriety of employing the
Cathartics.

Cathartics are very important medicines in
measles. They should be of the mild and acting

crating kind, strong purges being seldom if
ever required. A combination of the salt of tartar
and cream of tartar was a favorite purge in
this complaint of my preceptor the late Dr. Keach.
These medicines combined act more powerfully,
than either separately. Cathartics are useful in
Dysenteria by abstracting excitement, particularly
by from the head where it is very apt to ac-
cumulate.

I have in two or three cases seen the best
effects result from the application of blisters over
the sternum, and Dr. Wilson remarks that
they are as important in Dysenteria as in
Pneumonia. They are exceedingly useful in al-
laying irritation in the lungs.

On account of the very inflammatory na-
ture of Dysenteria, the antiphlogistic regimen
should be strictly enjoined. The patient's diet
ought to consist entirely of vegetables as rice,
arrow root, sago &c. Milk has been recom-
mended in this complaint, but as it contains
much

much more violent and has a tendency to in-
crease the febrile symptoms & should be resorted
to the improvement of it. The winter ought to
be of the kind we call simment or barley water
impregnated with some vegetable ~~essence~~ acid,
soured water &c, and should be plentifully
taken.

The analogy of measles to the small pox
induced practitioners to suppose cold air is
useful in the one as in the other disease.
The danger which would result from the sud-
den disappearance of the eruption might
one to say that it should employ cold as a
very precarious remedy. The patient, however,
should have the advantage of cool air, and
with this view, if agreeable to his own feel-
ings, ought not to be confined to bed.

To allay the cough which is a most trouble-
some symptom in this disease, Mullen tea,
or a tea made from the flowers of the winter
rose which is particularly recommended by
the

the professor of practice in this University, his
 proper remedies. The safety of employing Opium
 in this purpose has been a question of long
 consideration. The facts & experience here shown
 prove that after sufficient depletion several doses
 of this medicine in the shape of tincture
 of this kind are not merely safe but exceedingly
 advantageous.

Opium as well generally, would be best in
 exhibiting the vapour of warm water, mixed
 with ether, the volatile alkali, and mild per-
 ysses, according to the state of the system. Blisters
 are very useful in relieving these symptoms.

The hemorrhage which sometimes continues
 months and years after an attack of Menstruation,
 has been attempted to be cured by venesection
 and stercorants, but looses and stimulents
 answer this purpose better. Opium given at
 night is a very effectual remedy for this symp-
 tom. Sol. Alk. is a favorite with Dr. Pison in
 this hemorrhage.

1817-18 is also marked.

Measles certainly depends on specific contagion
as it affects parents but even in their lives the
disease does not appear in less than six or eight
days after exposure to the contagion. A certain
pre-sensibility seems necessary, according to Dr. Bar-
ton, before the disease can be taken, for that
gentleman has observed the affection seize
three children in the same house and pass
by a fourth, who, nevertheless, ^{has had} ~~shall have~~ the
disease at some future period.

The complaint is most common about the
middle of winter, but Dr. Barton has known
the disease epidemic at all seasons of the year
in this city. It is most disposed to affect chil-
dren, but adults are liable to it.

The disease is most violent in persons and
scrupulous habits, and is very apt to call into
action any scrupulous habit that may be in
being in the system. Measles differs from small
pox

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poor air, not being dangerous to pregnant women.

Professor Barton observes that children are particularly ~~to~~ liable to cholera infantum during the summer succeeding an attack of measles; and that adults who have had the disease in the spring are more than usual obnoxious to dysentery. He remarks farther that infants before the eruption are sometimes attacked by convulsions, which, however, are not dangerous, and readily yield to cool air, laudanum, and mild diaphoretics.

There is a variety of measles sometimes mixed by catarrh, which is important to be remembered because the patient will still be liable to the true disease at some future period.

Dr Monro of Edinburgh was the first person who attempted to communicate the disease by inoculation; the experiment succeeded,

ceded, and Dr Home declares that in those persons who received the disease in this way the fever occurred earlier, the symptoms were milder, and no affection of the lungs remained after it. Inoculating for the Measles is now seldom if ever practised. Dr Watson jokingly proposes calling this process rubeculating, which is a term certainly proposing a great deal more meaning than many of the current expressions in the different departments of medicine.

The preceding remarks contain, I believe, an account of Measles sufficiently accurate to enable a practitioner to distinguish and cure the disease. To say that in this account there are no errors, would be the language of ignorance and presumption; but I may hope that those errors are not of the first magnitude, and will be noticed by the
more

more enlightened reader with that tenderness
 which the inexperienced student will al-
 ways be sure of from the candid and
 liberal professor.

Finis.

10
The first of these is the
the second is the
the third is the
the fourth is the
the fifth is the